

**Jonathan E. Jobe P.C.**

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Attorney at Law

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June 7, 2006

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Phone: 619-379-1172  
US PATENT & TRADEMARK  
OFFICE  
Fax: 530-550-8920

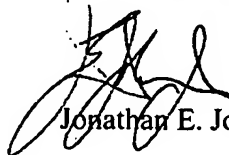
Mail Stop 16  
Director of the US Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Request for Refund  
Patent Application Serial No. 10/823,386  
My File: 022273-000400US

Dear Sirs:

On April 11, 2006, I filed a Supplemental Amendment in the above-identified application along with Credit Card Payment Form authorizing a payment in the amount of \$225.00. Copies of the Credit Card Payment Form and the Fee Transmittal are enclosed. On April 13, 2006, the Examiner allowed the application without having entered or considered the Supplemental Amendment. Accordingly, I request a refund in the amount of \$225.00.

Very truly yours,



Jonathan E. Jobe

Cc: William J. Johnson

APR 11 2006

Doc Code:

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB-089-0002  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete If Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/823,388
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 12, 2006
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 225.00		First Named Inventor	William J. Johnson
		Examiner Name	Marc McDismiel
		Art Unit	3661
		Attorney Docket No.	022273-000400US

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

under 37 CFR 1.18 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2634.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 92 - 20 or HP = 5 x 25 = 125

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 10 - 3 or HP = 1 x 100 = 100

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

(round up to a whole number) x

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>		
Signature	Registration No. 28,429	Telephone 619-379-1172
Name (Print/Type) Jonathan E. Jobe	(Attorney/Agent)	Date April 11, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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JONATHAN E JOBE

APR 11 2006 PAGE 04

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office, MAIL  
STOP: Amendment, Fax No. 571-273-8300 on 04/11/2006.

**PATENT**  
Attorney Docket No.: 022273-000400US

By: \_\_\_\_\_  
Jonathan F. Jobe

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

William J. Johnson

Application No.: 10/823,386

Filed: April 12, 2004

For: SYSTEM AND METHOD FOR  
PROACTIVE CONTENT DELIVERY  
BY SITUATIONAL LOCATION

☐

Customer No.: 20350

Confirmation No. 3386

Examiner: Marc McDieunel

Technology Center/Art Unit: 3661

SUPPLEMENTAL AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In supplemental response to the Office Action mailed 07/15/2005, please enter the  
following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this  
paper.

Remarks/Arguments begin on page 19 of this paper.

Adjustment date: 06/30/2006 SFELEKE1  
04/13/2006 MBINAS 00000005 10823386  
01 FC:2202 -125.00 OP  
02 FC:2201 -100.00 OP

~~04/13/2006 MBINAS 00000005 10823386~~  
~~01-FC:2202 125.00 OP~~  
~~02-FC:2201 100.00 OP~~

PAGE 4/23 \* RCVD AT 4/11/2006 6:36:13 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXF-5/8 \* DNIS:2739300 \* CSID:8587553338 \* DURATION (mm-ss):10-14

Refund Ref:  
06/30/2006 0030032810

Credit Card Refund Total: \$225.00  
VISA.....: XXXXXXXXXXXX3818